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Bib Data Sheet

CONFIRMATION NO. 1377

SERIAL NUMBER 09/891,161	FILING DATE 06/25/2001 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. 82122DMW
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APPLICANTS

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** CONTINUING DATA *****

None. J.A.

** FOREIGN APPLICATIONS *****

None. J.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/21/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>J.A.</i> Initials	NY	8	23 32	12 6

ADDRESS

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TITLE

Method and system for determinig DCT block boundaries

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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